

Flynn, Joann

From: Web Form Poster [jbonnet@sos.in.gov]
Sent: Wednesday, February 08, 2012 2:02 PM
To: IG Info
Subject: [Form 40876 submission]

For the Calendar Year: 2011

Check if this is an amendment to your current statement.: Yes

Name (Last): Bonnet
Name (First): Jerold
Name (Middle): Allen

Spouse's Name (Last): Bonnet
Name (First): Monca
Name (Middle): Riley

Office Address (Street): 200 W. Washington St
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)232-3283
Email Address (required): jbonnet@sos.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Secretary of State
Job Title: Secretary of State

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):
Address (City):
Address (Zip):
Name (Last):

Address (City):
Address (Zip):

Name (Last):
Address (City):
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) Yes

Property and its location: 1145 E. 105th St. Indianapolis, IN 46280
Property and its location:
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) No

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer:

Nature of business:

Spouse's employer:

Nature of business:

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? no

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse.s) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Private Legal Practice

Address

Street: 1508 Carondelet St.

City: New Orleans

State: LA

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

Ended August, 2005

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
